MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-016568

DO NOT WRITE	AMENDED			Fi	Registration District No
ON THIS STUB				_	1. PLACE OF DEATH. 2. USUAL RESIDENCE (Where decessed lived. If institution: Residence before
vs 300	اما ا	۱ '	1 1	1	a. COUNTY b. COUNTY admission)
Rev. 4/59		١ ,		1-	missour daclede
1	AMENDED	'		1	OR OR
1-1-1	1	' [.		1 —	Jakans Joseph Albanon III
10530	انتاا	١		1	HOSPITAL OR
² 0530	DAT	\perp	Ш	 <u>-</u>	AL INTEN CERT HOME - WOUNTAINS MALES
3	1	'			3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print)
4 0	! j	١ ،		 -	5. SEX 6. COLOR OR RACE 7. Married Nover Married 8. DATE OF BIRTH 9. AGE (last birthday) WUNDER 1 YEAR IF UNDER 24 HR
5 2	1	١ ,			Wile Widowed Divorced 6/6/1879 83 Months Days Hours Min.
	ا إيا	t	.	10	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
	š	١		ķ	during most of working life, even if retired) Letine & Farmer 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
⁷ Ø	FOLLOW	'		1	34. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE
R !		' ,			5. WAS DECEASED EVER IN U.S. ARMED FORCES? 11 COCLAMBERCHIQUE NO. 11 INFORMANT Address
0.//.	E AS	' [,			Yes, no, or unknown) (If yes, give war or dates of serve to the adams & sines ill mo
	ARE	۱	=		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
10	1_1	١	OWEN		IMMEDIATE CAUSE (a) arterio sebratio heart disease 2418.
11	RECORD EAD OF	۱			· /
1277 - 1		۱ _۱			Conditions, if any, DUE TO (b)
10	THIS	' ,			which gave rise to above cause (a), stating the under-
1 0 1	┡	+	 	1	lying cause last.) DUE TO (c)
ſ	Ö	١]		ō	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If relecessed was female was there a pregnancy in last 90 days.
	SE	۱		Ş	☐ Yes ☐ No ☐ Unknown
NO Notes the second	DWE	! ,		ERTIF	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED? YES NO
	וַבַּי	' ,		4	YES NO. I. 20c. TIME OF Hour Month, Day, Year
RIBBON	}	l.		Ğ	INJURY a.m.
	! j	١		ξ	204 INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE
*	\	۱			WHILE AT WORK farm, factory, street, office bidg., etc.)
A S S	READ	۱ <u> </u> ۱			21. I attended the deceased from March VV, 1963 apr 8, 1963 and last saw him alive on april 8, 1963
18 TE	X	۱ _۱			Death occurred at
USE	ヿ゚゚゚ヺ゚ヿ	' .	L	1 1	226. SIGNATUR (Degree or title) 226. ANDRESS 226. DATE SIGNED
USE BLAC OR TYPEWRITER	SHOULD	1	<u> </u>		J. N. Johnson N. N. Lebanew No 5-10-63
	IЩ	╙┼	⊬≩	2.	38. BURIAL, CREMATION, Z3b. DATE Z3c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town, or county) (State)
	Š	۱	AFFIDA	1 1	Surial 5/10/09 63 Mr. Onde cemetry Lackede Co. Mo.
	ITEM	۱ [.	3	2	4. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
		· ,	🖆	I٧	Jorsey M. Howe 5-10-1963 Wella L. Llay
		-	-		(Licensed Embalmer's Statement on Reverse Side)

. EBEI OS YAM

£961 ₽ NOC

TATEMENT BY LICENSED EMBALMER

2-58

0530 05301

or by			Student Embalmer No		
working under	my personal s	upervision.			
Student			Signed Dorsey M. Howe		
	Signature of	Student Embalmer			
-	~.		P. O. Address Lebanou,	,	
			P. O. Address Lebanon 7	no	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

mit seemed 5-10-1968-10 x. M